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CAUSE OF DEATH.—When death occurs early in the disease it is, as a rule, due to the virulence of infection; later it may be due to failure of the right heart. Another cause is the loss of air surface, the patient dying from asphyxia. This last is held to be very important by some.

COMPLICATIONS, such as myo- or endo-carditis, venous thrombosis, meningitis, empyema, and especially otitis media in childhood, often carry off patients who would have recovered from the pneumonia. From the table we have quoted it will be seen that the mortality in children is about a third as great as in adults.

Nursing of pneumonia will be considered in the next number.

(To be continued.)

A NURSE'S WORK AS APPLIED TO DISEASES OF THE EYE AND EAR*

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It is a notorious fact that every teacher thinks his particular branch is the paramount one, and in the effort to impress it on the students he buries them under such a mass of facts that they emerge retaining but few of them, and in many instances the ones of least importance.

In the present day and age the practice of ophthalmology, otology, rhinology, and laryngology is entirely dissociated from general practice.

To be sure, the specialist must have a good knowledge of general medicine, and only those who possess such a knowledge will attain the highest rank in their profession and their specialty, but it is a well-established fact that it is to the advantage of the specialist, the general practitioner, and the patient that this distinction be made. This fact, together with the requirements in hospital construction, management, and nursing for this class of cases, has led to the establishment of special hospitals for this work with its consequent curtailment in general hospitals.

* Read before the annual meeting of the Alumnae Association of the Orange Training-School for Nurses.

While this is a great misfortune to the young interne and the nurse in training, it is of marked advantage to the patient, which is, as we must all agree, the first point to be considered.

To compensate for this loss of training in their own hospital it is a custom in many institutions to send their pupil nurses to some special hospital for three months of their training, but I fear this custom is not general, for it has been my sad experience to find that most graduate nurses know but little of eye and ear nursing.

This work is quite different from any other class of nursing, and to become proficient it is almost absolutely essential to have training in an institution devoted exclusively to eye and ear work.

Since there are nurses who have had this training, it is the custom of men who practise this specialty to have one or two nurses on whom they depend for assistance, particularly in operative work.

An efficient office nurse is the greatest boon to the physician who practises either general or special surgery.

Despite this fact, I think it is the duty of every graduate nurse to know enough of ophthalmia and aural nursing to be able to give intelligent assistance to an operator and efficient care to the patient.

The average nurse is the worst offender as regards instruments. It has been said that "every surgeon loves his instruments," and a surgeon will forgive a nurse for much, but never for the neglect or abuse of his instruments. As the eye is the most delicate organ in the human body, so are eye instruments the most delicate ones used in surgery. The ordinary scalpel is "as dull as a hoe" compared with the keratome, the Graefe knife, and the knife needle.

These instruments must have such an edge that lying in the palm of the hand they will perforate the test drum by the force of their own weight alone.

They are so delicate that boiling for more than one minute destroys their edge, and many surgeons do not boil them at all, but immerse them in a solution of cyanide of mercury or alcohol for a few minutes. Their edge can be ruined by wiping the blade with cotton if great care is not exercised, and the hand or fingers should never come in contact with the blade in any way.

In their case they rest on trays which prevent the edges from becoming dulled, and when removed from the tray pressure should be made downward on the handle with the little finger. Surgeons who boil their instruments have similar trays in the sterilizer.

In view of all these facts, is it any wonder that the surgeon is shocked and angry when a nurse picks up his delicate eye knives with a handful of non-cutting instruments and pours them all loosely in some utensil used for boiling instruments?

This is not a suppositional case, but an occurrence which it has been my misfortune to witness on several occasions.

Other eye, ear, nose, and throat instruments require the same care as all surgical instruments.

There is one instrument, however, which nurses do not seem to realize is a cutting instrument, namely, the Gottstein curette, used for the removal of adenoids.

Its blade should always be wrapped in absorbent cotton, yet it has been my invariable experience that the first time a nurse assists me she sends the Gottstein back with a naked blade loosely wrapped with the adenoid forceps, mouth gag, and other instruments.

It is manifestly impossible for me to in any measure cover the field of nursing in these special branches in a paper of such brevity. Fortunately, there are text-books available which cover this ground very thoroughly.

The ones I here show you I can recommend with unstinted praise. "The Ophthalmic Patient," by Dr. Friedenbergl, is an ideal volume, not only for the nurse, but also for the hospital interne, and even the skilled specialist. There are many details regarding hospital construction and management which would be of little interest to the nurse in ordinary training. If she were taking a post course at a special hospital or fitting herself to assist a specialist it would well be worth her reading. To the nurse in general training, however, "Ophthalmic Nursing," by Stephenson, would be far less irksome reading and contains all and more than would ordinarily be required of her.

Yearsley's "Nursing in Diseases of the Throat, Nose, and Ear" comes the nearest to being an ideal text-book for nurses of anything I have yet seen. It is concisely written, and to me is most entertaining reading. These two last named books I should recommend to every nurse who desires to become an efficient nurse along these lines.

The rules which apply to general nursing, before, during, and after operation, are equally applicable to eye, ear, nose, and throat work.

Operations on adenoids, tonsils, incising the ear-drum, squints, glaucoma, lid operations, and intranasal operations are done both with and without general anæsthesia, so if there is any doubt in your mind it is a perfectly proper question to inquire whether the anæsthesia is to be local or general.

Cataract operation is almost invariably done under cocaine.

When told to cocainize an eye a four per cent. solution of the drug should be instilled every five minutes, beginning fifteen minutes before the operation. The proper method of instilling drops is to ask the patient to look upward, pull down the lower lid, and place the drop in the

pouch formed by the lid and the eye. Great care should be exercised that the dropper does not come in contact with the eye or the lids, as contamination results. In instilling drops for operative cases, the ordinary ward solution should not be used, but a freshly boiled solution, and the dropper should also be sterile. Failure to observe this apparently trivial precaution may result in the loss of an eye from infection.

It is equally important that like care should be taken at the subsequent dressing of post-operative cases.

To dress a post-operative eye case the surgeon will *always* require the following: a basin for soiled dressings and waste cotton, a *warm* solution of boric acid (I have often had it prepared cold. This causes the patient to shrink and forcibly close the lids, which may do irreparable damage to the eye), sponges of absorbent cotton, two or three sterile towels, a tube of vaseline, adhesive strapping, and fresh dressings. If a cataract case, a solution of atropine should be at hand. The best form of dressing is a circular pad about two and a half inches in diameter made up of a dozen layers of gauze. After first anointing the closed lids with vaseline this pad is laid over the eye and fastened by two narrow strips of adhesive plaster running from the brow to the cheek. Over this a circular pad of absorbent cotton is placed and held by a figure-of-eight roller head bandage. In most instances, even though but one eye is operated, both are closed for the first twenty-four hours.

Vomiting is a grave complication after a cataract extraction, and should it be followed by hemorrhage from the eye, it is imperative that the surgeon be summoned at once. Enough blood to soil the dressing should be deemed sufficient to justify his presence.

In operative work at the patient's home many surgeons are accustomed to give out slips containing printed directions to the family and to the nurse. Some also have directions as to the post-operative care of the case.

In selecting the table to be used the comfort of both the surgeon and the patient should be considered. In selecting a room there must be good light, but suitable artificial light must always be at hand. It is very gratifying to the surgeon to have the nurse foresee this and not keep him waiting while she goes to the kitchen, where the maid washes, trims, fills, and cleans a suitable oil lamp.

In all operations about the head a rubber head cap is of greatest value. It prevents the hair from becoming soiled with blood and vomited matter, and renders the surgeon far less liable to infect his hands by contact with the hair of the patient.

In the preparation for a mastoid operation the head must be shaved for at least three inches upward and backward from the ear, even though the patient is a woman and protests most vigorously.

In preparing for throat and nose operations some surgeons spray with various antiseptics very vigorously and others make no preparations whatsoever.

Never go wrong from fear of being thought ignorant. If you are in doubt, ask. No surgeon worthy of the name would be guilty of a sneering or discourteous reply. Do not think because two surgeons manage their cases differently that one of them is wrong. They are probably both right, their difference being in their point of view.

In your general nursing there are a few things you should know how to do properly:

1. How to evert the eyelid properly.
2. How to syringe the ear properly.
3. How to examine a child's eye properly.

These three facts can be best elucidated by demonstration. Any remarks relative to care and protection of your own eyes while treating gonorrhoeal ophthalmia would seem almost superfluous.

If you hope to be a surgical nurse of ability, learn well the names and uses of the various instruments employed.

HOME ECONOMICS

By ALICE P. NORTON

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(Continued from page 614)

XIII. SPECIAL FOODS—BREAD.

If bread is no longer the staff of life, in the sense that it was before swift methods of transportation and the interchange of the products of different countries made possible the varied diet of the present day, it still has retained its place as the most important of any one food and the most universally used.

The history of the human race might almost be traced in the history of its bread-making. Even in prehistoric times meal was ground, mixed with water, and baked in the form of round cakes. The Egyptians and the Greeks knew not one kind, but a great variety of breads. One ancient Greek writer named sixty-two kinds of bread in use, while the excavations in Pompeii have revealed loaves of bread as well as the